

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SCROLL NO.  
APPLICANT(S)

FILED DATE

10/5/71, 241

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2	1						52	2					
3	1						53	2					
4	3						54	2					
5	3						55	1					
6	1						56	1					
7	0						57	1					
8	3						58	1					
9	3						59	1					
10	3						60	1					
11	3						61	1					
12	0						62	1					
13	0						63	1					
14	0						64	1					
15	0						65						
16	0						66						
17	0						67						
18	1						68						
19	1						69						
20	2						70						
21	2						71						
22	0						72						
23	0						73						
24	0						74						
25	1						75						
26	1						76						
27	1						77						
28	1						78						
29	1						79						
30	1						80						
31	1						81						
32	1						82						
33	3						83						
34	3						84						
35	3						85						
36	3						86						
37	3						87						
38	3						88						
39	3						89						
40	3						90						
41	3						91						
42	4						92						
43	6						93						
44	6						94						
45	6						95						
46	6						96						
47	6						97						
48	6						98						
49	6						99						
50	6						100						
TOTAL IND.	1						TOTAL IND.	8					
TOTAL DEP.		↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLMNS		←		←		←	TOTAL CLMNS	9	←		←		←
							TOTAL CLMNS	99					